

BOSTON

ACTING FIRE COMMISSIONER
DENNIS A. DIMARZIO

FIRE MARSHAL
DEPUTY FIRE CHIEF JOSEPH M. FLEMING

APPLICATION FOR PANEL SYSTEM TYPE OR PRINT INFORMATION REQUESTED

DATE: _____ BFD CERT.NO: _____

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE NO.: (_____) _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

PANEL SYSTEM MFG/NAME: _____

SUBSTRATE: ☐ METAL ☐ FIBERGLASS ☐ TACK BOARD

OTHER: _____

FLAME SPREAD (ORIGINAL PANEL): _____

METHOD OF FABRIC ATTACHMENT: ☐ STRETCHED, PHYSICAL ATTACHMENT ☐ GLUED

IS PANEL SYSTEM: ☐ REFURBISHMENT, EXISTING PANEL SYSTEM TO BE RECOVERED
☐ NEW PANEL SYSTEM

WILL FIBERFILL BE USED?: ☐ NO ☐ YES: _____

BARRIER /INTERLINER PRODUCT (IF USING FIBERFILL): _____

IDENTIFICATION OF COVER FABRIC:
MANUFACTURER, PATTERN NO., COLOR

FIBER CONTENT:

1. _____

2. _____

ADDITIONAL INFORMATION: _____

ENC: COMPLETE APPLICATION/ATTACH FIRE TEST REPORTS/ SIGN APPLICATION/12 IN X 12 IN
MINIMUM SAMPLE SIZE FOR TESTING/FEE OF \$14.00 PER MATERIAL/ CHECK MADE PAYABLE TO THE
BOSTON FIRE DEPARTMENT 5/29/97

SIGNATURE OF APPLICANT: _____

FIRE DEPARTMENT/CHEMIST OFFICE/115 SOUTHAMPTON ST/BOSTON, /MA/ 02118
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